Training Request

Name of Individual Requesting Training		Date:	
Organization	Department	Job Title	
TVA Address	TVA Phone _		
What Training Are You Reques	sting? Check one or mor	e boxes below or give a detailed descrip	otion:
description) Hydro Maintenance, (Electronic the description) Instructor Certification Leadership / Professional Editor MAXIMO Safety Supply Chain Engineering, (Continuous Todescription) Fossil Operations PSO, (ESO, ROC, Transmit	rical, mechanical, instrur Development Fraining, Progression Tra ission Construction, Tran Maintenance, Transmiss	nentation, etc. Place specific type in the nentation, operations, etc. Place specific type in the nsmission Maintenance, Sub-Station ion Communications, Building Maintenance description)	c type in
Why Are You Requesting This ☐ Need to schedule training	_	sting training found on topic	
Give the request to your Super • Manager for signature:		ward to the Following: COO Technical Training)	= <u></u>
Non-Nuclear Technical	Training		<u> </u>

COO Technical Training will review your request and route it to the responsible training manager for a reply.

If Request for Training Development

Description of Training Subject:			
☐ Perf☐ Perf☐ Beh☐	cedure Changes cedural Compliance		
What is	s the Desired Outcome?		
CA CA CHOCK COCK COCK COCK COCK COCK COCK COC	pply Chain gineering, (Continuous Training, Progression Training, etc. Place specific type in the scription) ssil Operations GO, (ESO, ROC, Transmission Construction, Transmission Maintenance, Sub-Station nstruction, Sub-Station Maintenance, Transmission Communications, Building Maintenance, ounds Maintenance, etc. Place specific type in the description) RTA		
Give th	ne request to your Supervisor to Review and Forward to the Following: Manager for signature: (Manager forward to the COO Technical Training) COO Technical Training (tvatrain@tva.gov)		

COO Technical Training will review your request and route it to the responsible training manager for a reply.